

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-20-03.

I. DISPUTE

Whether there should be refund of \$344.70 for CPT codes 95904, 95900, 95925 and 95935 rendered on 7-3-02.

II. FINDINGS

The requestor noted that on 8-14-02 payment of \$475.80 was paid for CPT codes 95904, 95900, 95925 and 95935 with check number 04721050.

The requestor wrote a letter dated 11-11-02, 58 days after payment requesting a refund of \$344.70. The requestor is not in compliance with Rule 133.304(o) by requesting a refund within 45 days. Therefore, no reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for CPT codes (95904, 95900, 95925 and 95935).

The above Findings and Decision are hereby issued this 18th day of March 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division